



Nurses: A Force for Change: Improving Health Systems' Resilience

Abstract Oral Presentations & Posters

Room 1: Lightning Talks

1. Carol Lang, Nancy Rudner, & Karen Dawn, George Washington University School of Nursing (USA)

Planting Seeds: World as Classroom for Global Nurses as a Force for Change

Nursing students experienced the community health nursing in rural Haiti and Ecuador, with home visits, community assessments, and mobile clinics. Readings and discussions of trip purpose, challenges with limited resources, social and cultural factors prepared students. In country faculty-facilitated discussions explored global public health, clinical and social issues, based on students' experiences. Removed from the social constructs of their US environment, students examined social determinants of health more readily; the learning abroad helped them understand global nursing and the impact of social determinants in the host country, globally, and in the USA, preparing them as global nurses.

2. Kathrine Mead, University of Wisconsin - Madison School of Nursing (USA)

Promoting Elder Health in Rural Tanzania by Partnering Nurses and Women's Groups

Elders in rural Tanzania face many challenges and have few formal supports. Women's groups provide informal elder care, but lack visit consistency, resources, and training. Tanzania has a volunteer home visit program for clients with HIV/AIDS and their families, but is not fully implemented nationwide, especially in rural areas. My idea is to connect women's groups to nurses overseeing the home visit program. Nurses will train women as volunteers, teaching them health education, assessment, emotional support, and care skills. Anticipated results are more effective elder visits, more volunteers in home visit program, and connecting more vulnerable elders to community resources.

3. Emily Barrows, Miracle Feet (USA)

Using Data to improve Health Systems in Low and Middle Income Countries

In collaboration with miracle feet and the University of Iowa, I am using an International Clubfoot Registry to detect trends in the treatment of clubfoot in low and middle-income countries (LMIC). Bringing electronic medical records to the computers, tablets and phones of LMIC from Nepal to Tanzania allows people to monitor and evaluate the success of their own clinics in real time and ensure ever-improving patient outcomes. This impacts how many patients get treated, the quality of that treatment and even treatment costs.

4. Barbara Waldorf, Mclean Hospital, Global Nursing Caucus (USA)
Compassion Meditation Training: Creating Resilience in Nurses

The basic understanding of Sustainable Compassion Training is that we are all compassionate by nature. However, our habitual patterns of thinking and judging obscure a free flowing power of care. The purpose of SCT meditation is to interrupt these mental patterns with the loving energy available to us in moments of care and connection, so that our innate compassion can manifest. This creates a field of resiliency, combating burnout and empathic distress. We will describe SCT, it's benefit for nurses and it's potential to shift the morays of a health system.

5. Fathi Al Abri, Oman Nursing Institute (Sultanate of Oman); Zahra Al Jardani, Oman Nursing Institute (Sultanate of Oman)
i-Lead: Building Resilient Nurses

The changing character of the health system and patient complexity requires the educational institutions to revisit its tactics of teaching the future nursing and allied health professional students. Research addressing teaching resilient skills to nursing and allied health profession student is limited but strongly advocate to incorporate resilient skills into the curriculum to build a resilient future healthcare workers and leaders. iLead is a one-day interactive training based on three themes: reflection, coping and leadership. The outcome of the initiative is promising towards developing healthy and resilient future healthcare workers and leader.

6. Joe Niemczura, CCNEPal (USA)
The Three-legged Stool of Global Health Nursing

CCNEPal is an ongoing project since 2011 and has trained 2,880 nurses and doctors in critical care skills throughout Nepal on a shoestring budget. Go to www.joeniemczura.wordpress.com to learn more. In Nepal there is impetus to build ICUs and add high-tech interventions. The education of the nurses and doctors has not caught up. CCNEPal works to build capacity in the health workforce, and this lightning talk will present the balance between educational curriculum, nursing delivery model, and cultural role of women. Barriers and opportunities for each of the three main components will be discussed.

7. Subarna Mukherjee, Last Mile Health (USA)
NGOs: Post-Ebola Health Systems and the Liberian Workforce

In post-conflict, post-Ebola Liberia, the goal of producing a Liberian workforce that has the technical, and management skills to catalyze change links inextricably with health systems strengthening. NGOs can support this goal through accompaniment, collaboration, and capacity development; yet, these concepts are poorly formalized in the daily work of NGO and public sector partnership. While there is undoubtedly fluidity and interaction between these three areas, one important question is “How can NGOs both formalize these approaches and create a culture where they occur naturally?” This talk will name a few ideas.

8. Christa Roe, Moffitt Cancer Center and Research Institute (USA); Lubomir Sokol, Moffitt Cancer Center and Research Institute (USA); H. Lee; Moffitt Cancer Center and Research Institute (USA)

Health Diplomacy in Cuba: An Oncology Nursing Collaboration

This project supports and expands the core United States (US) foreign policy objective of charting a new course in US relations with Cuba by increasing people-to-people exchanges, which in this case would produce advances in nursing that will benefit cancer patients in both nations and around the world. This fosters collaboration in joint development of specific programs, such as palliative care and oncology nursing specialties. It also creates an open forum for scientific presentations by nursing leaders in both countries. This collaboration is augmented by cultural exchanges that will build on Tampa, Florida's long and rich history with Cuba.

9. Peter Cardellichio, Global Health Media Project (USA); Deborah Van Dyke, Global Health Media Project (USA)

Breastfeeding Support at Scale

It has been estimated that 1/3-to-1/2 of newborn deaths could be prevented with increases in breastfeeding or changes in breastfeeding practices. Breastfeeding is a learned skill where guidance in the first days can have a significant impact on success rates. Global Health Media Project has developed 16 high-quality live-action videos to train those providing breastfeeding support and to teach mothers in a way they can follow and put into practice immediately. This talk describes the distribution, use, and success of these videos to support breastfeeding worldwide

10. Cathleen O'Connor, Seed Global Health Volunteer (2013-2015), (USA)

School Health Assessment

Tanzania has made a positive change in their attempt to lower the statistics in infant and maternal mortality. To that end children from birth to the age of five receive free medical care. School children from the ages of six to eighteen are treated symptomatically for problems such as HIV/AIDs, T.B., seizures and malaria. There is not a government run program that performs general health and developmental assessment for this underserved group. Universal to the Community Health Practicums in schools of nursing both diploma and bachelor Tanzania nursing students have a four-week residence in selected villages. The students are required to perform a general community assessment, a family assessment, a family visit, and teach a health class requested by the principal of the elementary school. They are expected to formulate Nursing Diagnoses for the Community, Family and the identified patient in the family. Working with the Community Health Instructor at CUHAS Nursing school in Mwanza we devised a general assessment tool for nursing students to utilize in the village schools. The general assessment covered: height and weights, BMIs, vision, hearing, oral examinations and dermatology. The students are required to set up the screening schedule and site, organize the execution of the assessments, document findings and perform follow-up for findings outside usual limits. Our first school health practicum uncovered hepatomegaly, missing BCG scars, under weight students (more than 2 SD below the mean), acuity issues, dental pain and a variety of skin issues from tinea to scabies. We had one child sent to the

hospital and many to a clinic to receive BCG. Nursing students then made home visits to families for nursing intervention. Approximately 200 children were assessed, the nursing students were able to participate in a hands-on experience that improved their skills and gave them first hand knowledge of case finding, many were excited about their ability to deliver care. The school students were treated for conditions that might have gone unnoticed. This program continued during the 2015-16 school year with the purchase of new equipment through Seed Global Health. Tanzanian faculty are poised to develop a research proposal that will demonstrate the efficacy of a school health program.

11. Meredith Casella Jean-Baptiste, Partners in Health/ Zanmi Lasante, Hôpital Universitaire de Mirebalais (Haiti)

Contraceptive Implant Placement in Immediate Post-Partum Women as a Strategy to Reduce Maternal Mortality in Haiti

Haiti's maternal mortality rate is estimated at 359 per 100 000 live births¹ compared to 14 in the US¹. Contraceptive use reduces maternal mortality by up to 44%². In late 2015, WHO changed its Medical Eligibility Criteria from category III to II for contraceptive implant placement in immediate Post-Partum and Breastfeeding women. Implementing this as part of a strategy to reduce maternal mortality, Hôpital Universitaire de Mirebalais (HUM) now makes the contraceptive implant immediately available to postpartum women, resulting in a 25% increase in Long Acting Reversible Contraceptive uptake among women delivering at HUM.

12. Amanda Judd, St. Catherine Hospital (USA)

Health Systems' Resilience and Nurses: The Silence Is Deafening

Nurses are considered the resilient backbone healthcare systems, but when a healthcare system is in crisis, nurses as an organized group remain nearly voiceless. From the recent hospital bombings, to the Ebola crisis and collapse of functional healthcare systems in West Africa, to more subtle failures of healthcare systems in developing nations, we as a collective remain silent and inert. It is time for nurses to utilize the power of our numbers and being to make a paradigm shift in the functional leadership of global healthcare organizations to make a positive impact on global access to equitable care.

13. Michele Upvall, University of Central Florida (USA); Jeanne Leffers, University of Massachusetts, Dartmouth (USA)

Perspectives of Partnership from Nurses in Low and Middle Resource Countries

Declarations of partnership are common in global health, but typically the only voice heard in the relationship is that from the high resource country. This presentation provides preliminary results from a grounded theory study of partnership perspectives from nurses in low and middle resource countries. Facilitating a partnership required the ability to build relationships developed with a specific purpose and of mutual benefit. A comprehensive planning process will also facilitate success. An unintended consequence of the partnership may be the marginalization of nurses within the local context of the nursing profession, but successful partnerships lead to new partnerships and projects.

14. Ruth McDermott-Levy, Villanova University (USA); Jeanne Leffers, University of Massachusetts – Dartmouth (USA); Mayaka Jackline, Villanova University (USA)
Developing Ethical Principles of Global Health Nursing Practice

As participation to global health nursing builds, the need for ethical principles for global health nursing practice is imperative. Using focus group and Delphi methods from international participants, we identify ethical principles to guide global health nursing practice. The impetus for this project came from concerns of many nurses from the US and Canada about our behavior and nursing practice in global settings, particularly for short-term experiences in low resource countries. This is a first step to address those concerns and hope future work will draw a broader range of experts from across the globe.

Room 2: Oral Presentations: Research

1. Irene Ogongo, Partners in Health (Liberia)

Accelerating Post-Ebola Health Systems Recovery through Nurse Mentorship and Improvement Collaborative in Rural Liberia: Intervention Design and Preliminary results

Despite the worldwide efforts to improve healthcare, 400 million people do not have access to essential health services (WHO 2015). The paucity of healthcare delivery systems leads to losses of lives in many developing countries. Liberia was one of the countries affected by Ebola, which claimed over 4000 lives. To strengthen the infection prevention and control (IPC) and improve the quality of maternal and child health (MH) services, the Liberian Ministry of Health in collaboration with Partners In Health launched an integrated Improvement Collaborative and Mentorship and Enhanced Supervision for Healthcare (IC-MESH) program in Maryland and Grand Kru counties in April 2016. We describe the implementation design and IC-MESH's preliminary results after the first action period in Liberia.

2. Jasintha Mtengezo, University of Massachusetts Boston (Malawi)

Knowledge and Attitudes towards HIV, HBV, and HCV Infection among Health Care Workers in Malawi

Background

The highest prevalence of HIV infection occurs in sub-Saharan Africa and HBV and HCV prevalence are second highest in sub-Saharan Africa including Malawi. Health care workers (HCWs) play an important role in the prevention of, response to, and management of these infectious diseases. There is, however, no published research about the level of knowledge and attitudes toward HIV, HBV, and HCV infection among Malawian HCWs.

Purpose

The purpose of this study was to explore and determine the knowledge of and attitudes toward HIV, HBV, and HCV among a targeted population of Malawian HCWs.

Methods

A cross-sectional community-based participatory research with 194 HCWs was completed employing health survey method. The project was a collaborative effort between nursing faculties in the U.S. and Malawian. A one-way analysis of variance (ANOVA) with the Bonferroni adjustment for multiple comparisons was used to assess the differences in knowledge and attitude among three subgroups of HCWs.

Results

Of 194 of Malawian HCWs surveyed, 41% were support staff, 37% were nursing students, and 22% were health care professionals. Both health care professionals and support staff had high knowledge scores related to HIV/AIDS and their attitudes were mainly positive. However, a series of one-way ANOVAs revealed significant differences in knowledge and attitude toward HIV/AIDS, HBV, and HCV among HCWs ($p < 0.01$). The majority had less knowledge about HBV and HCV and more negative attitudes toward hepatitis.

Conclusions

This study highlights the ongoing need for reducing negative attitudes toward HIV, HBV, and HCV; and providing health education among HCWs, especially focusing on HBV and HCV prevention. The findings of the research project can be used to develop interventions addressing low HBV and HCV-related knowledge and attitudes.

4. Emily George, Ariadne Labs (USA); Janaka Lagoo, Ariadne Labs (USA); William Berry, Ariadne Labs (USA)

Speaking Up for Patient Safety in the Ambulatory Surgery Environment

Background

Research demonstrates that healthcare professionals often find it difficult to express a question or concern about patient safety among their clinical teams, especially when a person on the team has more authority than they do. Interventions, such as Team STEPPS, were designed to provide structured language for speaking up among clinical teams. Ariadne Labs partnered with Agency for Healthcare Research and Quality to assess the impact of the speaking up element of Team STEPPS combined with one-on-one coaching amongst nurses in ambulatory surgery centers (ASCs).

Methods

Nurses at included ASCs ($n = 365$) participated in a 12-month safety program consisting of concepts on speaking up from Team STEPPS via webinar and at least 2 one-on-one calls with an implementation coach on how to apply these methods within their clinical settings. Before and after this intervention, nurses were surveyed with the following question, which was scored on a 5-point Likert scale where 1=never and 5=always: When we see someone with more authority doing something unsafe for patients, we speak up.

Results

Of the 2753 nurses who completed the baseline survey, 75.2% said they would speak up most of the time/always. After the intervention was conducted, 964 nurses completed the follow up survey and 79.9% said they would speak up most of the time/always. A Pearson correlation analysis showed that there was a statistically significant improvement in scores ($p = 0.03070$).

Conclusion

Training on the elements of speaking up from Team STEPPS and one-on-one coaching resulted in a significant improvement in the percentage of nurses who reported speaking up to authority figures when they have a concern about patient safety. We recommend strong consideration be given to including training on speaking up to all nurses early in their career. We also recommend that continued coaching around speaking up be a part of ongoing nursing education.

5. Claudia Lefko, Baghdad Resolve (Iraq); Salma Al-Hadad, Children's Welfare Teaching Hospital (CWTH), (Iraq); Mazin Al-Jadiry, CWTH, (Iraq); The Baseline Standards Committee, CWTH (Iraq); Eight Nurses (Iraq)

IPONET (Iraqi Pediatric Oncology Nursing Education and Training): A project to improve care in an exhaustive setting, Baghdad

Introduction/Background

The pediatric oncology unit at Children's Welfare Teaching Hospital in Medical City Baghdad (CWTH) is chaotic, stressed by the personal and professional challenges of providing pediatric cancer care in a country suffering from the catastrophic consequences of war and post war instability. This unit is one of the largest cancer facilities in the Middle East with an average of 300 newly malignant cases per year (patients under age 14 and excluding brain tumors). Less than 20% of nurses here are college graduates; most have a secondary school education and arrive at this public hospital without basic education or training in nursing and medical fundamentals. We need to improve and expand the overall capacity of nurses if we are to improve patient care and outcomes. But how? The language, education, training and experience gap makes it difficult for Iraqi nurses to take advantage of international training opportunities. The violence and instability of Baghdad makes it nearly impossible to attract international help. Project Description IPONET is an applied (action) research project to improve and sustain nursing performance and commitment. The project will support and facilitate the active involvement of CWTH nurses and doctors, working with internationals to develop and implement a sustainable, site-specific plan of action in consideration of the historic, institutional, cultural, personal, social and economic challenges that impact the ability of nurses at CWTH to be competent, professional, caring and compassionate.

Goals and Objectives

Our goal is to develop policies to ensure more effective communication and collaboration between doctors and nurses; and to achieve the Baseline Standards for Pediatric Oncology Nursing Care in Low to Middle Income Countries; as recommended by SIOP (International Society of Pediatric Oncology) PODC (Pediatric Oncology in Developing Countries Nursing Working Group).

Outcomes/Implications for Global Health Nursing

We expect to improve overall care and patient outcomes. Hospitals such as CWTH pose a huge, difficult-to-meet challenge for the Global Health Community. What sorts of interventions are needed; what is possible? We hope to develop and document appropriate, innovative strategies, a model for more substantive involvement and support in war and post-war sites.

6. Elissa Ladd, MGH Institute of Health Professions (USA); Courtney Bendeksen, Joy Williams, Hilary Price, Jessica Crowe, Alumni MGH Institute of Health Professions (USA)

Global Index of Nurse Prescribing: Phase 1 (2016)

Introduction

Countries around the world are increasingly expanding legislative authority for nurse prescribing as a part of national strategies that seek to improve efficiencies, especially in the delivery of primary health care and/or to mitigate shortages of physicians in rural or isolated areas. However, the regulation, credentialing, and educational requirements that pertain to this practice vary widely from country to country. The purpose of this review was to index global data on nurse prescribing based on the domains of legislation/regulation, policy, education, and practice setting.

Background

There have a number of international reviews of nurse prescribing based on region or jurisdiction (Kroezen, Djik, Groenewagen, & Francke, 2011), effectiveness (Gielen, Dekker, Francke, Mistiaen, & Kroezen, 2013), types of medication prescribed (Drennan, Grant, & Harris, 2014), and national or regional objectives (Maier, 2016). However, the predominance of these reports rely on academic literature which may be dated, or may not be tied directly to current international, national or regional policy directives. It is important to consider the now increasingly recognized area of grey literature, which can yield information that, may be more applicable to current public policy.

Results

Nurse prescribing is practiced on six continents with varying degrees of regulation and/or policy that support this practice. Twenty-three nations have clear regulations that authorize nurse prescribing via statute, Ministry of Health regulations, or scope of practice. Thirty-three nations have limited regulations that authorize nurse prescribing for focused conditions such as the prescription or continuation of psychotropic medication, opioids for palliative care, and anti-retrovirals for HIV/AIDS. The majority of countries regulate nurse prescribing by educational preparation at the post-professional level and/or Masters level. Only two countries, the US and Montserrat require a Master's degree only for nurse prescribing.

Discussion

Nurse prescribing is widely practiced around the globe as a way to increase access to essential medicines and to improve efficiencies in health systems. Regulatory patterns are predominant in North America, Europe, Oceania, and Africa. Educational and regulatory criteria for nurse prescribing is imperative in order to expand access to basic essential medicines. "Crowd research" is needed to further broaden the current data that may inform future national policies.

Room 3: Oral Presentations: Practice Improvement and Program Evaluation

1. Beth Barrows (USA)

Building Neonatal Nurse Capacity following the Ebola Virus Outbreak in Liberia

Background

Similar to many countries in sub-Saharan Africa, Liberia struggles with a limited supply of human resources for health to respond to the population's health demands, a gap exacerbated by the 2014 Ebola outbreak. Liberia was adversely impacted by healthcare worker deaths during the Ebola outbreak, and a study examining maternal newborn child health (MNCH) outcomes post Ebola, predicts an 111% increase in maternal mortality and 20% increase in infant mortality which would undermine earlier progress achieved in MNCH outcomes (Evans, Goldstein, and Popova, 2015). Given that nurses and midwives comprise 70% of the healthcare workforce in Liberia, ensuring nurse/midwife capacity to deliver safe, high quality MNCH care has become a national priority.

Objective

To prepare practicing nurses to provide high quality, safe, and culturally competent care to newborns and families in a newly established neonatal intensive care unit (NICU) in Liberia.

Project Description

In February 2016, less than one year after the World Health Organization declared Liberia as being Ebola free (2015), nursing faculty from the University of Maryland School of Nursing in Baltimore and Mother Patern College of Health Sciences and Catholic Relief Services in Monrovia, Liberia teamed up to offer a two week, intensive neonatal nurse training to Liberian nurses to prepare them to work at a newly established

Neonatal Intensive Care Unit (NICU) at St. Joseph's Catholic Hospital (SJCH) in Monrovia.

Outcomes/Implications for Global Health Nursing

Seventeen participants including practicing midwives and pediatric nurses, and one clinical instructor and physician attended the training. Participants reported satisfaction with the program and increased preparedness for caring for critically ill newborns. The program had several strengths that could be leveraged by other global health nurses implementing health professional training including offering the program on site (at the hospital) thereby limiting the time healthcare workers were away from the organization. Participants also engaged in an interactive learning approach that included role-playing, case studies developed by participants, gaming, and demonstration of skills using simulation tools. This design provided opportunities for prolonged practice of neonatal resuscitation and physical assessment skills and allowed for immediate feedback or remediation for participants.

2. Merab Nyishime, Evariste Bigirimana, Willy Ingabire, Bethany Hedt-Gauthier, Evrard Nahimana, Neil Gupta, Ryan Borg, Fulgence Nkikabahizi, Francois Biziyaremye, Claudine Mukayiranga, Francine Mwamini, Christine Mutaganzwa, Anne Hansen, Michelle Labrecque, Hema Magge (Rwanda)

Implementation of a national neonatal protocol: Presentation, management and outcomes of infants at neonatal units at two rural district hospitals in Rwanda

Introduction

Despite efforts to reduce neonatal mortality, 44% of under-five deaths occur in the first 28 days of life and majority of these deaths are preventable. This study describes the presentation, management and outcomes of infants admitted to the neonatal units of two rural district hospitals after protocol introduction and implementation.

Background

District hospitals are primarily staffed by nurses and limited numbers of general practitioners, many of whom have limited training or exposure in the care of infants. From 2011, the Rwanda Ministry of Health implemented a National Neonatal Protocol with supplementary quality indicators. Data for all infants aged 0 to 28 days admitted to the neonatal units at Rwinkwavu and Kirehe District Hospitals from January 1, 2013 to December 31, 2014 was retrospectively reviewed. Data on demographic and clinical characteristics, clinical management and outcomes were extracted from patient files into an electronic database and described using median interquartile ranges for continuous data and proportions for categorical data.

Results

Of the 1,723 infants hospitalized over the two year period, 88.7% were admitted within 48 hours of birth, 58.4% were males and 46.2 % low birth weight (LBW) defined as ≥ 2.5 kg normal birth weight. Prematurity 27.8%, neonatal infection 23.6% and asphyxia 20.2% were the leading causes of neonatal admission. Comparing low birth weight (LBW ≤ 2499 gm.) to NBW, nurses complied with the national protocol to assess vital signs every three hours within the first 48 hours for 86.0% vs. 79.6%, and they gave

antibiotics according to indication in 89.8% vs. 90.2 %. The mortality rate was 14.7% vs. 12.2 % and the length of stay in the neonatal unit was on average seven days, [IQR: 2,14] compared to 4 days [IQR: 2,7].

Discussion/ Implications for Global Health Nursing:

This research demonstrates the feasibility to administer specialized neonatal care and achieve positive outcomes for infants admitted to the neonatal units in resource-limited settings with specially trained nurses and general practitioner. Introduction of defined clinical standards and additional supports: infrastructure, trainings and mentorship, medication and equipment procurement, nurses showed their involvement and adherence to the new high standard neonatal protocol.

3. James Muchira, University of Massachusetts Boston (USA); Eileen Stuart-Shor, University of Massachusetts Boston and Seed Global Health (USA); Lucy Gakage, Ministry of Health (Kenya); Irene Ndigirigi, PCEA Tumutumu School of Nursing (Kenya); Anne Mukuna, Consolata School of Nursing (Kenya).

A Mixed-Methods Evaluation of Outcomes, Facilitators and Barriers in Providing a Nurse-Led Cardio-Metabolic Group Medical Visit in a Community Health Center in Central Kenya

Background

Rising mortality due to non-communicable diseases (NCD) in Sub-Saharan Africa is associated with increasing prevalence of hypertension (HTN) and diabetes mellitus (DM) with HTN estimates as high as 50%. Nurse-led management of NCDs and peer support among patients with HTN/DM improves self-care behaviors; however, no known studies to date have reported this type of care in Kenya. The Kenya Heart and Sole academic-clinical partnership implemented a nurse-led, peer facilitated cardiovascular-metabolic group visit (CMGV) in a government community health center. Emphasis was on risk reduction and adherence to chronic disease management.

Objective

To examine the outcomes, barriers and facilitators associated with implementing a CMGV in a resource constrained setting.

Design

Mixed methods. Survey measures: enrollment data abstracted from clinic records, self-report lifestyle behaviors questions from WHO World Health Survey & BRFSS. Interview guide used for barriers & facilitators. Diabetes Attitude Survey Scale (DAS) measured diabetes attitude. IRB approval was obtained.

Results

N=50, mean age 59 (SD±12.8). 80% females, 82% HTN, 66% DM, 48% dual diagnosis. 58% primary school education, 70% subsistence farmers. Mean % sessions attended= 63%. Increased adherence for: physical activity, red meat, fat, sugar, smoking & alcohol (94%, 62%, 83%, 84%, 100%, 96% respectively). Lower adherence reported for fruit & vegetable (58%) with high adherence for those with ≥85% sessions (p=0.04). Participants reported enhanced access to medications & care (BP, glucose monitoring, foot, eye exams). Key barriers were resources and staff time. DAS scores were positive (>3).

Conclusion

It is feasible to implement a CMGV in a resource-constrained setting. Adherence to healthy lifestyle behaviors and positive attitude was high in participants who attended the sessions and patients valued the access to care, information and support.

Implications

This demonstrates the value of locally tailored nurse-led group approaches to HTN/DM prevention/treatment and has implications for practice and policy.

4. Marc Julmisse, Hôpital Universitaire de Mirebalais (Haiti)

Transformative Nursing Practice at Hôpital Universitaire de Mirebalais

Introduction

In 2013, Partners in Health/ Zanmi Lasante opened the Hospital Universitaire de Mirebalais (HUM) a 300-bed acute care facility located in the central plateau in Haiti. HUM provides services ranging from primary care to tertiary care for approximately 3.1 million people in its tertiary catchment area. During the opening of HUM significant gaps were noted in the level of education, clinical skills and management capacity among the nursing staff. Additionally, the clinical staff identified limited opportunities available for continuing education and professional development as major challenges.

Objectives

- To develop a cadre of nurses equipped to use evidence as the primary foundation in establishing best practices from bedside to leadership.
- To create a patient centered care model integrating clinical and operational systems.
- Motivate and empower nurse to utilize their expertise to impact clinical outcomes spanning direct patient care to systems development.

Description of Project

Utilizing an accompaniment framework, HUM has established a number of strategies to strengthen nursing practice and systems to support patient care. The development of clinical practice and managerial expertise in incremental steps ensure a strong foundation for transformative nursing. Strategies include the following: novice to expert clinical pathways, daily indicator tracking, team leader structure, morning huddles, critical care zones, nursing grand rounds, nursing led quality improvement initiatives, one on one mentorship and observation opportunities that expose nurses to multiple system of care permitting the adaptation of possibilities and realities.

Outcomes/Implications

- Professional development ladder with clear pathways for advancement and organizational transparency
- Standardizing nursing knowledge and practice
- Improved clinical and operational systems which support patient care
- Regular utilization of data to drive clinical practice.
- Nurses viewed as key contributors to clinical and operational decisions.
- Improved inter-professional communication
- Improved satisfaction and staff retention
- Influencing nursing practice and health care delivery at a national and international level

5. Susan Michaels-Strasser, Mie Okamura, Judy Khanyola, Lanel Smith & Amina Khawja, ICAP, Columbia University, Mailman School of Public Health (USA);

Building a strong nursing foundation for resilient and responsive health systems

Introduction/Background

Developing countries with fragile health systems are challenged by weak human resources for health (HRH), especially nurses and midwives. At the frontline of health services, nurses comprise over 80% of the health care workforce. Natural disasters,

conflicts and outbreaks such as Ebola and Zika, burden already fragile systems, disrupt primary health care delivery and worsen health outcomes. Development of a robust fit for purpose and fit for practice nursing and midwifery workforce is key to a resilient, responsive health system. Since 2009, ICAP with funding from the United States President's Emergency Plan for AIDS Relief through the Health Resources and Services Administration has coordinated the Global Nurse Capacity Building Program (GNCBP) in Sub-Saharan Africa.

Objectives

This program aims to improve health in sub-Saharan African countries by fostering individuals, institutions, and networks to expand, enhance, and sustain a competent nursing and midwifery workforce.

Description of Project

Collaborating with government, education institutions, regulatory bodies and professional associations, GNCBP has built a comprehensive portfolio of activities to strengthen the nursing and midwifery workforce in 10 countries. GNCBP consists of two sub-projects: Nursing Education Partnership Initiative to strengthen pre-service education for production of competent graduates, and General Nursing to enhance training, policy, regulation and retention of a skilled nursing workforce.

Outcomes/Implications for Global Health Nursing

Entering its eighth and final year, GNCBP has supported schools to enroll 23,631 students and graduated 10,429 from pre-service training. In addition, 3,727 faculty and staff were trained to plan and manage nurse workforce development activities. Seventeen teaching and learning environments were strengthened allowing 35,849 students to complete skills labs and meet core competencies. Ten curricula were developed and 46 accredited curricula implemented. Training total of 3,615 nurses and midwives completed competency-based in-service trainings on Option B+, Nurse Initiated and Management Antiretroviral Therapy (NIMART), and Pediatric HIV. Additionally, 28 Continuing Professional Development (CPD) courses were supported. A total of 72 nursing networks were strengthened promoting nurse/midwife workforce development. Through multiple inputs, GNCBP has strengthened nursing education and networks. Going forward, tracking and retaining qualified graduates in primary health care settings will support increasingly resilient and responsive health systems.

6. Marina I Legorreta, Tecnológico de Monterrey, Compañeros en salud/ Partners in Health (Mexico); Paulina Morelos, Universidad Nacional Autónoma de México (Mexico)
Realizing the Potential of Mexican NursePasantes in Global Health

Introduction/Background

Medical clinics in rural Chiapas, the poorest state in Mexico, have a great need for human resources that are capable, effective and efficient. Mexico has no shortage of nurses, however the majority are not sufficiently trained to provide quality care in rural areas. Nurses are not incentivized to work in under-resourced communities, leaving numerous rural clinics under-staffed. In addition, ties to local ministries of health and professional nursing unions can be barriers to both improved staffing and training of nurses in rural clinics. One potential avenue of change is through Mexico's obligatory year of social service (pasantía), required of all nurses. Partners In Health and its sister-organization, Compañeros En Salud, have demonstrated success with attracting promising physician pasantes to rural areas and providing them with

supervision, support and enhanced training. Building on this model, it is possible, and necessary, to create a national approach to improving the quality of nursing care in similar communities.

Objectives

Create a National Global Health Nursing Program for nurse-pasantes, which attracts and retains promising nurses to under-resourced communities throughout Mexico. This program will adequately support newly graduated nurses, with the aim to strengthen the provision of rural primary health care.

Description of Project

Present a solution to decrease barriers and constraints experienced by nurse-pasantes through the development of a Global Health Nursing Program, designed, planned and directed by nurses for nurses. Create teams of trained and capable nurses to not only staff, but to lead under-resourced rural clinics.

Outcomes/Implications for Global Health Nursing

A program that generates committed nursing professionals and trains them to offer high quality of care in Mexico's poorest regions. Generation of skillful nurse-pasante teams, which are able to problem-solve by collaborating with their local community members as well as through interdisciplinary teamwork. Strengthening weaknesses that are perceived to be inherent to the obligatory year of social service, Mexican nurses can change the paradigm of what it means to work in global health and improve staffing and training in rural primary care.

¹BSN; Licensed Professional Nurse from Tecnológico de Monterrey, México; Compañeros En Salud/Partners In Health

²BSN; Licensed Professional Nurse from Universidad Nacional Autónoma de México.

Poster Abstract Presentations

1. Mary Dahl Maher (USA)

Curricular Innovation to Prepare Global Health Leaders

The Transatlantic Nursing Curriculum (TCN) was a project funded by the Fund for the Improvement of Postsecondary Education (FIPSE) in the United States and the European Commission's Directorate General for Education and Culture (DG EAC) for European Partners between 2007-2012. Two of the original partners, Laurea University in Finland and Nazareth College in the United States, prepare nurses with a global perspective through a dual-degree program. Based on established cooperation, faculty from each university worked together to construct a new course in global health that would meet requirements at each university. The learning outcomes were for students to:

1. Recognize the impact of globalization on health;
 2. Increase awareness of ethical knowledge, values, principles, legislation and recommendations in global health;
 3. Examine examples of International Prevention and Health Promotion Programs
- Course description: Students will gain expertise on major contemporary issues and challenges of global health from an inter professional perspective and with a social approach. It is open to students from all disciplines. Topics will be examined in relation to global interdependency, highlighting how global disparities and global health policy responses are shaped through international ties and tensions.

Outcomes

1. Inaugurated in Finland, Spring 2015.

2. The Finnish faculty provided introductory preparation and evaluated final papers. The visiting US faculty provided all the face-to-face lectures on the following topics:
 - a. Health for all 2020 (WHO), key health indicators, health determinants and disparities, overview of global and domestic diseases, communicable and non-communicable diseases, pandemics, public and private expenditure on health, cost-effectiveness of health interventions
 - b. Ethical issues of health: human/patients' rights, culture, behavior, and health
 - c. Health system design
 - d. Impact of immigration and refugee populations,
 - e. Effective models in international prevention and health promotion programs
3. 14 international students received credit
4. 53 Finnish second-year nursing students attended lectures as a method of practicing language skills for another course: English for Health Promotion and Wellbeing.
5. In spring 2016, 15 social work and health care international exchange students and 80 second year Finnish nursing students enrolled
6. In 2016 -2017, it became compulsory in English for all Finnish speaking nursing students.

2. Abdullah Arahbi & Alabri, Fathi, Oman Nursing Institute, (Sultanate of Oman)
Immigrants' Health Access in Oman

Immigration has become one of the recent political issues that attracted a lot of attention by many countries. This "Vulnerable population" is present in all countries of the world and the statistics show an increase trend in some countries and a decrease in other countries. This, consequently, has presented several challenges - economical, social and political -towards providing the appropriate care. According to the Omani National Centre for Statistic and Information report (2014), the total expatriate population was 1,732,188 (43.7%) of the total population. The poster will illustrate some of the health challenges along with the strategies implemented to improve the immigrants' health access in Muscat.

3. Herica Torres Alzate, University of Alabama at Birmingham (USA)
Mixed Methods, Modified Delphi Study: Identification of Global Health Competencies for Baccalaureate Education

Background

Bradbury-Jones (2009) states that nurses need to be prepared for the challenges and opportunities that globalization brings. Interconnectedness, technological advances, and increasing incidence of non-communicable diseases are some of the issues that can affect the health of populations worldwide. Nurses cannot afford to stand back and watch globalization reshape the world we live in without knowing how to address global challenges to improve individual and population health outcomes (Bradbury-Jones, 2009; Seloilwe, 2005).

Purpose

The purpose of this study is to reach consensus on core global health competencies for baccalaureate nursing students in the U.S.

Study Design and Methods

The proposed study consists of a three-round Delphi survey informed by a multiple strand mixed methods design. In round one, the author will refine a list of competencies (Wilson et al., 2012) using the qualitative comments from (Wilson, Mendes, et al., 2016), Torres (2015), a literature review, and a proposed conceptual model created (Nursing Global Health Competency Framework). In round two, the refined list of competencies

will be validated by six nurses who are informed individuals in global health and baccalaureate nursing education. In addition, the six participants will complete a pilot test of the survey to be administered in round three. In round three, a wider sample of nurses who are informed individuals in global health and undergraduate nursing education will be administered a survey to identify core global health competencies for undergraduate education in the U.S. in order to achieve consensus and validate the competency list.

Implications for Global Health Nursing

Because nurses are first-line health care providers worldwide (Amieva & Ferguson, 2012), nurse educators need improved tools to better prepare nursing students to effectively care for the populations they will serve, whether at home or in international settings; this process begins with identifying nursing competencies in global health.

4. Lia Golden, Rachael Collord & Matthew Plourde, International Nursing Program, University of Washington Medical Center and INTERSECT University of Washington (USA)
International Nursing Program (INP): improving critical care capacity of low to middle income countries through nursing education and training

Introduction/Background

The majority of critical care illness and avoidable deaths occurs in low to middle income countries (LMICs). The available data suggests the high mortality rates are in part due to a scarcity of highly trained nurse on the frontlines of patient care. This lack of well-trained nurses has a profound impact on the ability of LMICs to provide adequate critical care. In high-resourced hospitals, critical care nurses are pivotal in early disease recognition, expeditious care delivery, and patient safety. Furthermore, there is overwhelming evidence that better trained nursing staff decreases patient mortality. These critical care nurses may receive up to a six-month orientation with one-on-one nurse preceptorship from a skilled senior nurse. However, despite the well established use of these evidence based programs in high-resourced settings, few initiatives that promote the education and training of critical care nurses have been implemented in LMICs where they could be most valuable.

Objectives

The International Nursing Program (INP) is an initiative that uses twinning institutions to partner US critical-care nurse preceptors with nurses from resource-poor countries to facilitate post-graduate nursing education and training. The objective is to great a long term, mentor based partnership that leverage resources from the University of Washington Medical Center (UWMC), offers global health as part of the UWMC nurse's professional practice, and improve critical care capacity in LMICs. The initiative empowers LMIC nurses to effect change locally and leverages skills of existing UWMC preceptors in new ways. Description of project: INP partners University of Washington Medical Center critical care nurse preceptors with LMIC nurses to facilitate post-graduate nursing education. At each site: 1) conduct needs assessment; 2) identify local nurse champions; 3) collaboratively develop targeted training programs based on assessment results; 4) send 9 US nurses per year, for 2-3 weeks, to visit site to support LNCs implement training program; 5) continuously support LNCs in refining programs, on-site and via distance learning.

Outcomes/Implications for Global Health Nursing

Development of a sustainable post-graduate, on-the-job training system for critical care nurses in LMIC hospitals. Demonstrable improvement in nursing knowledge, mortality of critically ill patients and nurse job satisfaction.

5. Jennifer Densmore & Rebecca Deal, WellStar Health System (USA)

Introduction/Background

The ambulatory setting is often a forgotten area that does not get nearly the attention that the inpatient setting receives when it comes to onboarding new employees, even though patients flow through this area at a much greater volume than the inpatient setting. While newly hired inpatient nurses and clinical staff receive ample time to train in their new positions, outpatient clinical staff do not always receive the attention they need to ensure patient safety and quality are being met when they are first hired into a healthcare organization, even though they are interacting with patients, administering medications and procedures, and are depended on by both providers and the patient to ensure that they are competent in the care they give to this population of patients. Many patient injuries and incidents have occurred for the simple lack of support and training these clinical staff members receive upon hiring. The outpatient ambulatory setting employs medical assistants, registered nurses and licensed practical nurses, and although they have been through an educational program, outpatient medical offices have lofty expectations that they have covered every detail in their training. Because of the lack of attention that these staff members receive from the medical offices upon employment, patients are often at risk for injury, turnover of staff is high, and medical offices suffer. and competency completion to ensure patient safety and quality is met before the new employee even steps into their new role independently. Outcomes: New employees feel supported and satisfied with their orientation experience, patient safety is elevated, quality is being taught at the front end.

Implications for Global Health Nursing

The outpatient setting across the world can benefit from increasing onboarding and training of new clinical staff to ensure patient safety and quality are being met in this arena.

Description of Project:

A robust, comprehensive onboarding program was created for the outpatient clinical staff including simulation, extensive preceptorship

6. Robin Klar, Ellen Lyons & Kerry Stalonas, NYU Rory Meyers College of Nursing (USA) *Non-US Nursing and Midwifery Faculty Banking Barriers in Hiring Process*

Introduction/Background

Participating in global nursing and midwifery workforce development as a U.S. academic institution provides many opportunities. NYU Rory Meyers College of Nursing has participated in the Human Resources for Health-Rwanda project since its inception. Participation includes hiring nurses and midwives to serve as clinical and academic educators. Hiring these experts became more complex when we started hiring non-US resident colleagues. NYU Meyers is the only U.S. academic institution that is able to hire non-US residents to work in the HRH Rwanda project. Faculty educated and practicing from areas around the globe are added advantages in workforce development and capacity building. Hiring has steadily increased the number of non-US faculty, from zero to 90% in five years. A university hiring policy that all employees must have a US bank account, necessitating travel to the US, was identified as a barrier. Costs, financial and logistical, to conduct this business were not covered by the sponsored grant, nor the university as employees were technically not yet hired.

Objective

Reduce the cost for non-US faculty to become employees for workforce development globally

Description of Project

The practice improvement of setting up a Global Payroll Banking solution was initiated in 2015. This solution involved inter-professional meetings with the Program Director and college administrators from Global Initiatives, Finance, and Human Resources. As a global issue that would impact NYU across colleges, the issue was elevated to the central level Financial Operations and Treasury for NYU. A decision was made to select an external payroll provider with global capacity. Bids were solicited and a competitive process of selection was undertaken and a provider selected.

Outcomes/Implications for Global Nursing

Non-US nursing and midwifery faculty no longer have the burden to travel to the US to open a bank account. Once in Rwanda, employees open an USD bank account and payroll funds are transferred to this account. NYU Meyers staff and NYU Payroll Department work closely with faculty and the selected vendor to ensure payroll and financial transactions are made accordingly. Associated costs for working with the vendor are now included in the working budget of our sponsor.

7. Lauren Sava, Boston University School of Public Health (USA); Robyn Churchill, Clinton Health Access Initiative (USA); Kelsey Johnson, Boston University School of Public Health (USA); Winston Crowell, Boston University School of Public Health (USA); Monica Onyango, Boston University School of Public Health (USA).

Dis/Respectful Maternity Care: The Missing Role of Health Systems

Introduction/Background

Disrespect and abuse (D&A) during maternity care began when women started giving birth in facilities, as opposed to their homes with a community or family member serving as a midwife. While prevalence rates have been difficult to document, countries such as Tanzania, have recorded rates of D&A as high as one in four women. D&A during childbirth manifests in a variety of forms including physical or discriminatory care that is non-consensual, non-confidential or non-dignified, and abandonment of care.

Objectives

1. Provide an overview of current situation of D&A during childbirth
2. Describe the role of health systems in providing respectful maternity care (RMC)
3. Demonstrate how nurses can serve as change agents in providing women-centered RMC

Description of Project

Health systems pressures can lead providers to engage in D&A. Inadequate staffing, supplies, and poor supervision lead to overworked staff, unable to provide care without neglecting patients. Reports from healthcare providers indicate a perception that slapping women during childbirth forces them to push thereby preventing infant or maternal death. Respectful maternity care (RMC) is most achievable when strong health systems that allow for woman-centered care are in place. Nurses, midwives, and physicians should aim to provide care that aligns with the White Ribbon Alliance's universal rights of childbearing women. This can be achieved through changes in implementation, planning and management, and human resources.

Outcomes/ Implications for Global Health Nursing

Childbirth is a vulnerable moment in a woman's life. A woman's experiences of D&A or RMC may determine their interactions with healthcare in the future. Nurses play a critical role in reforming the childbirth experience especially in developing countries. Nurses must act as active agents in reforming health facility systems and culture, and pushing for

woman-centered care. Management must strive to build a health system that fairly allocates and distributes resources and all levels of staff to function to their full potential, while increasing job satisfaction and worker retention. Health providers must be included in any initiative to improve health systems.

8. Flavia Bughiu, Dr. Barbara Astle, Sheryl Reimer-Kirkham

Upholding Social Justice in Nursing: The Value of Clinical Education Experiences: Preliminary Findings

Introduction / Background

Social justice has been held as a fundamental tenet to the profession of nursing. Implicitly embedded within the notion of upholding social justice is that of addressing the social determinants of health. As a result, nurse educators have been incorporating theoretical knowledge and clinical experience to teach nursing students about the social determinants of health and social justice. Yet, little is found in the literature regarding nursing students' views of whether they feel competent to address the social determinants of health.

Purpose

The purpose of this research is to explore the value of clinical educational experiences in expanding nursing students' understanding of –and perceived ability to address –the social determinants of health to uphold their social justice mandate.

Methods/ implementation Process

An integrated mixed research synthesis is being conducted. A comprehensive search strategy is guiding the identification and retrieval of the articles for synthesis. A thematic analysis will complement the integrated synthesis by providing a more substantive grounding of the emerging findings.

Finding / Implications for Global Health Nursing

In this poster, a preliminary description of our mixed method findings, to date, will be presented. It is hoped that the findings from this research will provide a clearer understanding of nursing students' perceived ability to address the social determinants of health in their clinical nursing practice.

9. Jill Caporiccio, Massachusetts General Hospital (USA); Annie Lewis-Oconnor Brigham and Women's Hospital (USA); Kettie Louis, Boston Medical Center (USA); Kerry Quealy Massachusetts General Hospital (USA); Nadia Raymond, Brigham and Women's Hospital (USA)

Assessment of Haitian Nurses' Continuing Education Needs: Evidence from Qualitative and Quantitative Inquiry

Introduction

There is increasing evidence that to advance nursing practice, nurses must embrace lifelong learning. Research indicates that engagement in lifelong learning affects the quality of nursing care, improves patient outcomes, and increases nurses' job satisfaction. Both lack of standardized education and nurses' limited opportunities for lifelong learning are challenges in Haiti. It is crucial to ensure adequate continuing education in order to support the professional growth and development of Haiti's existing nursing workforce. The first step in such an effort is to gather information directly from Haitian nurses to better understand their unique interests, challenges and barriers.

Background

Equal Health is a non-profit organization that aims to foster the development of a self-sustaining and collaborative Haitian medical and nursing education system. To provide an evidence base to their work, a group of Equal Health nurses conducted a needs assessment of Haitian nurses' perceptions of and access to continuing education. A multimodal needs assessment approach was used, with semi-structured focus groups and written surveys. Approval was obtained from each nurse's professional institution, as well as from the Haiti Ministry of Health Ethics Board.

Results

The data results are from 100 surveys and 4 focus groups (n= 33). Results indicate that Haitian nurses are overwhelmingly interested in continuing nursing education. Major themes include: recognition that continuing education is necessary to provide high quality patient care; continuing education saves lives; more consistent and standardized initial nursing education is needed. Barriers to participation in continuing education opportunities were also identified and will be discussed.

Discussion/Implications for Global Health Nursing

This study will be the first formal study to address continuing education needs of Haitian nurses. By identifying their barriers to such important resources, Equal Health hopes to continue to collaborate with their Haitian nursing colleagues to build curriculum and improve education programs. They also hope that this research will ensure that Haitian nurses voices are heard and will serve to foster change within the Haitian nursing education system. The results will be shared with the Haitian Ministry of Health and nurse leaders in Haiti. Publications are in progress.

10. Ellie Foley & Anne-Marie Barron, Simmons College (USA)

Mental Health in Uganda: A Comprehensive Literature Review

Introduction

Mental health problems are universal, with over 25% of people worldwide developing one or more mental disorders at some point in their life (Mugisha, Ssebunnya & Kigozi, 2016). Mental health problems contribute significantly to the global burden of disease and are the third leading cause of disability worldwide. The World Health Organization (WHO) reports that low income countries devote about 0.5% of their health budget to mental health. The limited budget for mental health care directly affects the quality of care for all who suffer from mental illness.

Objective

The purpose of this poster presentation is to describe a literature review, focused on the developing country of Uganda, where 11.5 million people out of a population of 30 million suffer from some form of mental illness (Murray, Ainslie, Alpough, Schramm, & Showalter, 2015). Researchers estimate the prevalence of mental illness in Uganda to be higher than the global average of 13% and higher than other African nations. The mental health system in Uganda faces significant limitations. The review outlines the current practices Uganda has in place to manage high acuity psychiatric patients, given these limitations, and offers future recommendations. and multiple competing needs for funding. If mental health care in Uganda is to improve, legislation needs to revise mental health policies and plans and funding needs to be enhanced. The critical shortage of trained mental health professionals in Uganda also needs to be urgently considered. Lastly, psychiatric services need to be integrated into primary care that sensitively addresses the powerful stigma associated with mental illness. Researchers suggest that

these barriers to care are interrelated and if addressed, the quality of care for the mentally ill in Uganda will greatly improve.

Outcomes

The WHO made recommendations to improve mental health in Uganda in 2006; however, the majority of these recommendations have not yet been implemented due to limited and multiple competing needs for funding. If mental health care in Uganda is to improve, legislation needs to revise mental health policies and plans and funding needs to be enhanced. The critical shortage of trained mental health professionals in Uganda also needs to be urgently considered. Lastly, psychiatric services need to be integrated into primary care that sensitively addresses the powerful stigma associated with mental illness. Researchers suggest that these barriers to care are interrelated and if addressed, the quality of care for the mentally ill in Uganda will greatly improve.

11. Essi Havor, Houston Health Department (USA)

Eliminating a Global Health Threat: Mother-To-Child Transmission of Hepatitis B Virus

Background: The Houston Perinatal Hepatitis B Prevention Program (PHBPP) provides case management services to Hepatitis B-positive pregnant women and their infants who reside in Harris County, Texas. PHBPP is funded by the Centers of Disease Control and Prevention (CDC), with mission to prevent the transmission of Hepatitis B Virus (HBV) from infected mothers to infants. The prevalence of chronic HBV is known worldwide with the majority of cases occurring in regions of Asia and Africa, but little is known about the cases managed by the Houston PHBPP.

Objectives: This project aimed to describe the demographic characteristics of Hepatitis B- infected mothers managed by the Houston PHBPP. The results will enhance the program's outreach strategies to reach the at-risk populations.

Description of project: The goals of the PHBPP are to (1) Identify HBV-positive pregnant women and their infants, (2) Assure administration of post-exposure prophylaxis within 12 hours of birth to exposed infants, and universal administration of Hepatitis B (HB) vaccine to all infants, (3) Assure infants complete the HB vaccine series and receive post-vaccination testing, (4) Conduct active surveillance, quality assurance, outreach, and education.

An analysis of 522 cases managed by the Houston PHBPP from October 2014 to August 2016 was conducted. Frequencies and proportions were used for race, age, country of birth.

Outcomes/Implication for global health nursing: Of the 522 cases managed, 49% (n=255) were Asians/ Pacific Islanders, 30% (n=158) were Black/ Non-Hispanic, 11% (n=56) were Hispanics, 3% (n=17) were Whites/ Non-Hispanic, 2% (n=10) were identified as other, and 5% (n=26) were unknown. Ages ranged from 19 to 48 years with a mean age of 33 years. The majority of these mothers were born in Vietnam (n=107), United States (n=59), China (n=51), and Nigeria (n=48).

These findings emphasize the need of a global surveillance system and HBV screening program among childbearing age women in low/middle income countries. Further, it is critical to increase access to HB vaccine and chronic HBV treatment, and to train healthcare providers caring for these high-risk mothers and their infants on the current recommendations.

12. Amina Khawja, Emma Ruskin, Mary Poliwka, Zainab Osakwe, Eudosis Tagne, Sidney Carrillio, Roberta Sutton & Susan Michaels-Strasser, ICAP Columbia University, Mailman School of Public Health (USA); Naomi Van Dinter, US Department of Health and Human Services, Health Resources and Services Administration (USA)

Introduction/Background

The Nursing Education Partnership Initiative (NEPI) is a PEPFAR initiative administered by the U.S. Department of Health and Human Services/Health Resources and Services Administration (HRSA) and implemented by ICAP at Columbia University. Launched in 2011, NEPI fostered long term collaborations between 22 nursing education institutions and national health services in the Democratic Republic of Congo, Ethiopia, Lesotho, Malawi, South Africa, and Zambia. The competency-based education delivered by schools prepares students to provide primary health care that integrates HIV prevention, care, and treatment. An assessment of nursing and midwifery students' HIV competencies was conducted in 2015-2016.

Objectives

The aim of this assessment was to: 1) assess training received and students' self-reported HIV competencies and 2) estimate the number of people provided with HIV-related services during students' practicums.

Description of Project

An HIV competencies checklist was administered to students at NEPI-supported schools upon completion of a clinical practicum and training course. The checklist contained 29 key nursing HIV/AIDS competencies across five care and treatment categories, including HIV education, testing and counseling (HTC), clinical management of HIV/AIDS, initiation and management of antiretroviral treatment (ART), prevention of mother to child transmission, and clinical management of HIV in children. Students also reported

the average number of patients provided with HIV-related services. Data were analyzed using SAS and Excel.

Outcomes/Implications for Global Health Nursing

Over 65% of students reported competency in counseling on reproductive health choices and family planning, HTC and offering testing and counseling. Students were least comfortable performing circumcision and managing rare severe toxicities associated with ART. Over half of students reported not receiving training in performing circumcision. About one third of students received training on HTC, prevention and counseling on reproductive and family planning in both academic and clinical settings. Ninety three percent of students provided HIV-related services to patients during their practicum. A total of 1385 students provided HIV-related services to an estimated 415,500 patients during their clinical practicums. Findings suggest that the majority of NEPI-supported students routinely provide HIV care and treatment services and underscore the importance of competency-based pre-service education which reflects current nursing practice.

13. Susan Michaels-Strasser, Judy Khanyola & Mie Okamura, USA

Why not engineers or football players? The worker essential to the well-being of the population of every nation – The Nursing Education Partnership Initiative

Introduction/Background

The World Health Organization (WHO, 2014) reports that Sub Saharan Africa has a deficit of 1.8 million of health care workers. The WHO predicts that the world will be lacking 12.9 million health care workers by 2035. Funded by the President's Emergency Plan for AIDS Relief through the Health Resources and Services Administration, the Nursing Education Partnership Initiative (NEPI) was developed to address the shortage of skilled nurses and midwives

Objectives

Objectives of the NEPI project included to:

1. Conduct assessments of nurse training capacity
2. Support Ministries of Health and Education to:
 - a. Identify the Schools of Nursing to receive funding
 - b. Prioritize interventions that strengthen nursing and midwifery programmes
 - c. Scale up innovative approaches in nursing and midwifery education

Description of the project

NEPI supports nursing education in Democratic Republic of Congo (DRC), Ethiopia, Lesotho, Malawi, South Africa and Zambia. Baseline nursing and midwifery training assessments were conducted which examined the number of nurse/midwives needed then summarized and prioritized interventions to meet this need. Critical in the implementation was the requirement to embed all interventions within the Ministries of Health (MOH).

NEPI interventions included the following:

- Nursing and midwifery competency-based education and training,
- Building capacity and sustainability through MOH led NEPI technical working groups,
- Clinical instruction, preceptorship and faculty education
- Equipping and expanding clinical skills laboratories, computer labs and libraries

Outcomes/Implications for Global Health Nursing

The NEPI initiative has strengthened nursing and midwifery through:

- Increasing the number of nurses and midwives graduating who are fit for purpose and fit for practice through for e.g. a combined nursing and midwifery program. and
- Increasing the quality of nursing and midwifery education and training through master's degree program, updating curricula, and expansion of clinical simulation instruction.
- Developing positive practice environments through model wards and training of clinical preceptors.

The NEPI programme has implications for global health nursing as it provides a template for replication to address the critical shortage and quality training of nurses and midwives.

14. Susan Michaels-Strasser, Tashtiana Price, Judy Khanyola, Katherine Harripersaud, Janel Smith, Amina Khawja & Wafaa El-Sadr, ICAP, Columbia University, Mailman School of Public Health (USA)

May the Force be with Us: Reflections on IAS 2016 Nursing HIV Call to Action

Introduction/Background

Although nurses and midwives constitute the largest healthcare workforce and are essential to scale-up of antiretroviral therapy, the voice of nurses and midwives is often absent from the highest levels of policy and decision making. With seed funding from PEPFAR through CDC, ICAP at Columbia University co-lead an official pre-meeting at the 21st International AIDS Society Conference.

Objectives

The pre-meeting objectives were to:

1. recognize and celebrate the contributions of nurses and midwives in combating the HIV epidemic,
2. highlight nurses' and midwives strengths and expertise in delivering people-centered and differentiated models of healthcare services and in expanding access to HIV prevention, testing, treatment, and care,
3. provide a forum for discussion of current trends, issues, and challenges in HIV nursing and midwifery,
4. highlight the role of HIV nursing research in resource-limited settings,
5. develop a priority agenda to strengthen HIV nursing workforce development.

Description of the project

ICAP worked with the International Council of Nurse, the Association of Nurses in AIDS Care and the Democratic Nurses Organization of South Africa to examine the fundamental role of nurses to achieving epidemic control and to launch a 'Call to Action' https://www.nursesinaidscare.org/files/FINAL%20ANAC90-90-90_CTAbrochure_v6b.pdf With nearly 200 nurses participating, including frontline nurses, chief nursing officers, researchers, and educators, a priority agenda for nursing was explored.

Outcomes/Implications for global health nursing

NursingHIV 2016 raised the voice of nurses and called for policy changes to support nurse-led care, greater investment in nursing, support for inter-professional collaboration and equity in decision making.

15. J. Smith, M. Murrman, J. Rowe, M. Poliwka, A. Khawja & T. Price, ICAP Columbia University (USA); G Chipungu, ICAP (Malawi); P. Sakanda, ICAP (Malawi); A. Chabela, ICAP (Lesotho); M. Molise, ICAP (Lesotho); T. Sikateyo, ICAP (Zambia); E. Abrams ICAP, Columbia University (USA); AA Howard, ICAP, Columbia University (USA); N. Van Dinter, U.S.Department of Health and Human Services, Health Resources and Services Administration (USA); S. Michaels-Strasser, ICAP, Columbia University (USA).

E-Learning for Nurses and Midwives on the Option B+ Approach to Prevent Mother-to-Child Transmission of HIV

Introduction/Background

Nurse initiated and managed antiretroviral therapy (NIMART) is recommended and practiced for scale-up of HIV treatment, but is not routinely incorporated into education and training programs. Innovative methods are needed to enhance nursing and midwifery education and training with up-to-date HIV care and treatment guidelines.

Objectives

In 2014, ICAP and the Center for Teaching and Learning at Columbia University, with funding from the US President's Emergency Plan for AIDS Relief through the Health Resources and Services Administration, launched Option B+ E-learning to prepare nurses and midwives in sub-Saharan Africa to initiate and manage ART for HIV-infected pregnant and breastfeeding women and care for HIV-exposed infants.

Description of Project

Option B+ E-Learning is available in English, French, and Portuguese at elearning.icap.columbia.edu. The module facilitates self-directed learning through six online sessions: 1) PMTCT basics, 2) HIV testing for the mother, 3) ART for the mother, 4) Care of the HIV-exposed infant, 5) Early infant diagnosis, and 6) Retention in care. The curriculum is competency-based and interactive, including case studies following

mother-baby pairs from HIV testing to retention in life-long HIV care and treatment. Online evaluations allow users to track progress and measure learner satisfaction and knowledge through a pre-post exam.

Outcomes/Implications for Global Health Nursing

Option B+ E-learning has been used by over 2,057 nurses and midwives in 32 countries and is accredited by the East, Central, and Southern African Colleges of Nursing (ECSACON) for six hours of continuing professional development. Eight nursing and midwifery schools in Lesotho, Zambia, and Malawi piloted the module resulting in high levels of user satisfaction (91%), increased knowledge from pre-test (68%) to post-test (81%), and confidence to initiate and manage ART among a majority (57%) of students who completed the module (n=220). Limitations of e-learning included poor internet access, shortage of faculty support, and limited hands-on clinical experience. Implemented within a comprehensive education and training program, e-learning is now part of ICAP-supported school curricula and holds promise for preparing nurses and midwives to initiate and manage ART, critical skills for achieving test and start saturation, eliminating mother-to-child transmission of HIV and achieving an AIDS-free generation.

16. Anne-Marie Barron, Charlene Berube, Judith Cullinane, Donna Glynn, Jocelyn Loftus, Linda Moniz, Joseph Stanley, Sarah Volkma & Julie Vosit-Steller, Simmons College (USA); Jason Harlow, Emily Erhardt, Jenna Moran, Mark Brezina, Caroline Callahan, Colleen Danielson, Ellen Fitzgerald, Christine Sahughnessy, Albert Yeh, Bimalangshu Dey, Massachusetts General Hospital (USA); *The Synergies of an Academic Practice Partnership: Unleashing the Power of Nursing to Transform Health in Bangladesh*

Background Massachusetts General Hospital (MGH) and Simmons College School of Nursing and Health Sciences (SCSNHS) have collaborated on many initiatives in Bangladesh with the Bangladesh Ministry of Health and Family Welfare, the A. K. Khan Healthcare Trust, and medical and nursing leaders across Bangladesh.

Objectives The overall goals of the academic-practice partnership have been to enhance specialty knowledge for practicing nurses at Dhaka Medical College Hospital (DMCH) and improve image of nursing in Bangladesh. The collaborations, which started in 2009, have focused on: Learning about nursing and nursing education in Bangladesh; developing an advanced clinical education program (the Enhanced Specialized Nurse Training Program (ESNTP)) for nurses at Dhaka Medical College Hospital focused on the care of bone marrow transplant patients (the country's first BMT program developed in collaboration with MGH) and nursing care of solid tumor oncology patients.

Description Three curricula have been developed by MGH and Simmons faculty (autologous and allogeneic BMT nursing; general oncology nursing) and two others are developed and being planned for delivery (preceptor development and end-of-life nursing).

Outcomes/Implications Twenty-seven MGH nurses (one of whom is Associate Dean at SCSNHS and 8 of whom are Simmons alumnae) have traveled to Bangladesh over the

past three years to offer the curricula to 75 Bangladeshi nurses. Officials within the Government, Ministry of Health and medical and nursing leaders in Bangladesh are recognizing the achievements of these nurses and the potential of excellent nursing. The sharing of opportunities and resources that the partnership has offered to faculty, students, graduates, and nurses in Boston and Dhaka has been extensive, far-reaching, and rewarding. The synergies of the educational, clinical, and scholarly expertise embedded in this partnership have contributed significantly to the growing recognition in Bangladesh of the transformative possibilities of excellent nursing care. This academic-practice partnership has contributed to advancing the recognition of nursing as a powerful force for improving the health of the people of Bangladesh.

17. Stephanie de Young, SickKids Centre for Global Child Health, The Hospital for Sick Children (Ontario)
Capacity Building through Pediatric Nursing Education Partnerships: The Experience of a Canadian Hospital

Intro/Background

The SickKids Centre for Global Child Health provides a dedicated hub for global child health-focused activities at the Hospital for Sick Children (SickKids) in Toronto Canada. Underpinning the SickKids Centre for Global Child Health's (CGCH) nursing education partnerships is the belief that that nurses at all levels of service delivery can be agents of change for enhancing quality of care, transferring knowledge and positively influencing the environment in which care is delivered.

Objectives

The CGCH partners with governments, health facilities, health professional associations & academic training institutions in LMICs to strengthen paediatric nursing education systems that enhance the skills, confidence and leadership abilities of paediatric nurses. Our largest current partnership is with the Ghana College of Nurses and Midwives and the Ghana Health Service. The goal of this 5-year program is to scale up our successful model of paediatric nurse training nationally.

Description

In designing education programming, CGCH collaborates to develop curriculum that is evidence-based, locally appropriate and focuses on competencies to address the child health needs of the population. Concepts of health equity and social determinants of health are integrated to encourage students to think about inequities in their own region. Leadership concepts and critical thinking are taught through the training with the goal of empowering nurses to create positive change in their practice environment. Innovative in-class teaching and simulation combined with intensive and clinical learning to ensure nurses are ready for practice. A 'team teaching' model where teaching is shared by local and CGCH faculty supports the development of local faculty and long-term sustainability of programming.

Outcomes

We believe the ultimate value proposition of this approach is a transformation of nursing education systems that enhance the quality of care for children.

18. Lori Edwards &. and Sara Groves (Uganda)
Climate Survey and Needs Assessment of Health and Safety Practices of Nurses (Uganda)

Introduction: One of the highest priorities of The American Nurses Association is a safe work environment for nurses. Advancing the health and safety of all nurses globally continues to be an imperative. Nurses still die or experience serious illnesses or injuries from workplace exposures. The extent of these occupational health occurrences, or how to effectively support health protection is not well known. Best health and safety practices are far from reality in the majority of workplaces in low resourced countries.

Objective: To determine needs, analyze current occupational health and safety programs in hospitals and health care systems, and identify top priorities for nurses and safety concerns.

Project Description: One aim of University of Maryland School of Nursing Office of Global Health is to identify occupational health and training needs of nurses in Africa. The Office works in collaboration with UM School of Medicine WHO Collaborating Center for Occupational Health. In May 2016, using their Workplace Climate

Survey, we conducted an exploratory occupational health and safety (OSH) program needs assessment with nurses in Uganda. The researcher completed key informant nurse interviews and survey assessments in Kampala and Mbarara, Uganda, including both urban and rural areas sites. Additionally the researcher participated in nursing student-led studies identifying barriers to OSH practices within Uganda. The OSH climate survey was pilot tested for cultural feasibility. Based on feedback, the survey has been revised for future needs assessments with nurses in that region.

Outcome: There are major differences in private and public hospitals in terms of resources and ability of nurses to follow OSH practices. Most hospitals were severely limited in protective supplies. Even when equipment was in place, nurses reported that burdens of low staffing and high patient acuity were reasons they were unable to follow recommended OSH practices. We plan to move forward with additional assessment activities using the revised instrument. We are planning future training implementation with selected partnering institutions in consideration of limited resources. We propose to use this survey in other regions to dialogue on strategies to address this critical need of supporting the health of this vital workforce.

19. Julie Vosit-Steller, Caryn Andrews, Barbara M. Cohen, Dorit Goldman, Judy A. Beal, *International Collaboration and Partnership: A pilot program developing the roles of Advanced Practice Nurse in Israel*

The purpose of this presentation is to share the partnership creation processes to identify cultural differences, needs, and barriers; develop common language and goals for the partnership; identify stakeholders, institutional supports and barriers to recruitment, international academic validation and acceptance, and enrollment in a bi-national online MSN-FNP pilot program. A discussion will be had of the first year's implementation of this international partnership project partnering a US University Advanced Practice Nursing (APN) program with an Israeli health providers' organization (HMO) in Israel where the APN role is in its incubation stage.

Education is delivered through an Adobe Connect synchronous online platform and US based immersions. Execution of this program requires ongoing integration of cultural competence from the perspective of student engagement and faculty expectations. Accepted nursing practice perspectives and processes within Israel where the APN role is not firmly established must be accounted for and navigated within culturally competent frameworks.

As per the intent of the program, the Israeli students study side by side with US based online students in more than 43 states. This was a challenge, as distance learning in Israel was not well accepted. The Simmons program incorporates both synchronous and asynchronous components in every class. The literature reports many benefits of on-line education, specifically using virtual classrooms where the education/teacher is in visual

contact with the students, and the students are in visual contact with each other, there are many other benefits, especially for international programs (Gemmel, Harrison, Clegg, & Reed, 2015). In global collaborations such as ours, in a virtual classroom, students learn about each other, in turn enhancing cultural understanding of each other's differences and ultimately improving cultural working skills between students (Martin, Parker & Deale, 2012). Internationalization of higher education has been found to be beneficial for the host culture and the guest culture, by enhancing discussions, enriching shared experiences, and developing shared perspectives of health. These are not found by just reading about different cultures. Vosit-Steller et al. have demonstrated that direct immersion into each other's world was a more effective way to develop collaborative partnerships (Vosit-Steller, Morse, & Mitrea, 2011). The observation and lived experience demonstrates that movement from ethnocentrism to ethnorelativism is the natural evolution of a change toward acceptance and collaboration. Exploration will be had of acculturation processes and outcomes thus far on all sides to bi-national student and faculty perspectives, experiences and expectations.